

BADGER TraCS TRAINING REGISTRATION

Wisconsin Department of Transportation
MV3747 6/2005

Attendee

Please complete one form for each course and forward to your Agency Head.
There are NO fees for the Badger TraCS Training Courses.

Attendee Name	Attendee E-mail
Agency Name	Area Code - Telephone Number – Agency
Agency Address	

Course Title	Course Number
TRAINING DATE	TRAINING LOCATION
First Choice	First Choice
Second Choice	Second Choice
Third Choice	Third Choice

(Attendee Signature - If computer filled, Brush Script font) (Date)

Agency Head

Has your agency submitted a TraCS Application? ☐ Yes ☐ No
(Applications may be found at <http://www.dot.wisconsin.gov/drivers/drivers/enforce/tracs/index.htm>)

(Agency Head Signature - If computer filled, Brush Script font) (Date)

Please E-mail to: BadgerTraCS@dot.state.wi.us
Or mail to:
Wisconsin Department of Transportation
Traffic Accident Section
PO Box 7919
Madison, WI 53707-7919

For DOT Use Only

Training Date	Training Location	Registration Number
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